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CONFIRMATION NO. 5952

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|-----------------------------|---------------------------------------|--------------|------------------------|-----------------------------------|
| SERIAL NUMBER 10/659,896 | FILING DATE 09/11/2003 RULE | CLASS 005 | GROUP ART UNIT 3673 | ATTORNEY DOCKET NO. 33369-1 |
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APPLICANTS

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** CONTINUING DATA *****
none R-S

** FOREIGN APPLICATIONS *****
none R-S

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 12/02/2003

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|---|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY NC | SHEETS DRAWING 5 | TOTAL CLAIMS 16 | INDEPENDENT CLAIMS 2 |
|---|---|---------------------------|------------------------|-----------------------|----------------------------|

Verified and Acknowledged *Robert J. Hunter R.G.S.*
 Examiner's Signature Initials

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TITLE
 Method for moving an invalid patient

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| FILING FEE RECEIVED 375 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ |
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